Wisconsin Department of Safety and Professional Services

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PHARMACY EXAMINING BOARD

PHARMACY SELF-INSPECTION INFORMATIONAL SHEET

The Board no longer requires the Department of Safety and Professional Services to send inspectors to conduct on-site inspections prior to licensure.

The Board does require the Managing Pharmacist to complete this "Pharmacy Self-Inspection Report" (Form #2550). Please complete each line indicating the date of compliance, either actual or anticipated, but in no event later than the proposed opening date indicated on the cover page. If the Pharmacy is in non-compliance with any portions of the "Pharmacy Self-Inspection Report" please indicate why the pharmacy is in non-compliance and when the pharmacy will be in compliance. Return the entire "Pharmacy Self-Inspection Report" to the Board office when completed. Please make a copy for your files.

After the "Pharmacy Self-Inspection Report" has been reviewed and is found to be in order, a license number will be issued if all other requirements have been satisfied.

The Department, on behalf of the Board, will conduct an unannounced audit of the pharmacy location within one year after the date the license was issued to verify that the pharmacy is in compliance with the "Pharmacy Self-Inspection Report" as well as the Wisconsin Statutes and Administrative Code relating to the practice of pharmacy.

This procedure will also be used for remodeling.

Notice To Credential Holders Conducting Self-Inspections

The Division of Legal Services and Compliance in the Department of Safety and Professional Services conducts a follow-up inspection to the self-inspection done by new Pharmacies prior to their opening for business.
Below is a list of the most frequently occurring problems we found during our follow-up inspections. The reference is to the Pharmacy Board Rule or Statute. This list is being provided to assist new businesses in conducting their self-inspections:

- Prescription labels – Not having the correct address of the facility or using the name of the previous pharmacy (Phar 7.02).
- Records – Inadequate recordkeeping of Schedule V substances (Phar 8.02(3)(e)(2)).
- Alarm systems – All facilities must have a functioning alarm system or alternate board approved security system at all times to detect entry after hours. Some facilities were found to have opened without an alarm system in place or the alarm system was not working at various times (Phar 13.10(4)).
- Display of license – License is not displayed in a conspicuous place (Wis. Stats. § 450.09(5)).

Procedure for Reporting Theft or Loss of Controlled Substances

The Managing Pharmacist is responsible for reporting any theft or significant loss of controlled substances to the U.S. Department of Justice, DEA Kluczynski Building, Ste. 1200, 230 S. Dearborn Street, Chicago, IL 60604 (312-353-1236, or 1-800-478-7642 toll free 24 hours). Report the theft or loss on DEA Form #106 (Report of Theft or Loss of Controlled Substances), obtainable from DEA at www.deadiversion.usdoj.gov. In any instance, that a pharmacy, practitioner or other DEA registrant authorized to possess controlled substances is required to file with the DEA a report of theft or loss of controlled substances, the pharmacy, practitioner, or other DEA registrant shall also send a copy to the board within 2 weeks of filing with the DEA.

Procedure for Destroying Controlled Substances

Contact the US Department of Justice, 1000 N. Water Street, Room 1010, Milwaukee, WI 53202, or www.deadiversion.usdoj.gov for the proper forms.

Wisconsin Statutes and Administrative Codes

These can be viewed online at http://dsps.wi.gov/Boards-Councils/Administrative-Rules-and-Statutes/Pharmacy-Administrative-Rules-and-Statutes/.

Approved Prescription Drug Products and Code of Federal Regulations

These publications are obtainable from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20401.

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PHARMACY EXAMINING BOARD

PHARMACY SELF-INSPECTION REPORT

Choose Type: ☐ Change of Ownership ☐ New Location ☐ Remodel ☐ Re-Inspection

Applicant Name:

Proposed Opening/Remodel Start Date: ☐☐/☐☐/☐☐☐☐

DBA Name:

Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

Hours: (open - close)
☐☐☐☐ - ☐☐☐☐

Pharmacy License Number: (for remodel or re-inspection)
☐☐☐☐☐☐ **- 42**

Managing Pharmacist Name:

License #: ☐☐☐☐☐☐ **- 40**

Full or Part Time:

Other Pharmacists:

License #: ☐☐☐☐☐☐ **- 40**

Full or Part Time:

License #: ☐☐☐☐☐☐ **- 40**

Full or Part Time:

License #: ☐☐☐☐☐☐ **- 40**

Full or Part Time:

Compliance Date:

_____ 1. Pharmacy Label (contains all required information)

_____ 2. Professional service area _____ Sq. Ft.

_____ 3. Professional service area where Pharmacist is absent. See Phar 6.04(3)

_____ 4. RX counter surface area _____

_____ 5. Sink

_____ 6. Hot and cold running water

_____ 7. Suitable soap or detergent

_____ 8. Disposal container for waste

_____ 9. Secure narcotic storage or dispersed throughout stock

_____ 10. Centrally monitored alarm system (or prior Board approval for an alternate security system)

_____ 11. Operational refrigerator

_____ 12. Sufficient storage space

_____ 13. Proper storage of exempted narcotic preparations and poisons

_____ 14. Electronic balance having sensitivity consistent with Phar 6.06(1a).

Complaince Date:

_____ 15. Equipment of appropriate design and size for intended pharmacy practice and compounding

_____ 16. Supply of glass metric graduates - 5 ml. to 100 ml.

_____ 17. Supply of wedgewood and glass mortars and pestles

_____ 18. Spatulas _____ supply of stainless steel
_____ non-metallic

_____ 19. Funnels

_____ 20. Heating apparatus

_____ 21. Exempt Narcotic Register - Schedule V

_____ 22. Poison Register

_____ 23. Current certificates posted

_____ 24. a) Prescription files, Wis. State Stat. § 450.11(2)

b) Controlled Substance RX Files, Wis. Admin. Code, § Phar 8.03(2)

c) Medication profile, Wis. Admin. Code, § Phar 7.07

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PHARMACY SELF-INSPECTION

It is recommended that pharmacies use the **Wisconsin Statutes and Administrative Code Relating to the Practice of Pharmacy** to facilitate this continuing educational and evaluation procedure.

Directions for completing Self-Inspection: On the line next to the requirement, please complete each line indicating the date of compliance, either actual or anticipated, but in no event later than the proposed opening date indicated on the cover page of (**Form #2550)**, or "**NA**" for not applicable. If answered "**NA**" please describe why this rule does not apply to your specific pharmacy under "**Self-Inspecion Notes**" on the last page of the self-inspection. For clarity, please write down the corresponding item number (listed on the left hand side of each requirement) for each description you write on the "**Self-Inspection Notes**."

CHAPTER PHAR 5 WISCONSIN ADMINISTRATIVE CODE (LICENSE RENEWAL)

Compliance Date:

PHAR 5.03 Display of licenses.

1. _____ Each pharmacist's license is displayed in public view. (Pharmacists need only display license at primary site of employment.) The current renewal card (and **no other visible renewal card**) is displayed with the license.
2. _____ The pharmacy license and current renewal are on public display per Wis. Stat. § 450.09(5).

PHAR 5.04 Renewal prohibited; relicensure.

3. _____ A pharmacist whose license is currently suspended or revoked may not renew their license unless it has been reinstated by the Board and they are otherwise qualified for renewal.

PHAR 5.05 Requirements for late renewal; reinstatement.

4. _____ A pharmacist who files an application for renewal of a license within five (5) years after renewal date must file the following with the Board:
   (a) The DSPS' application for renewal.
   (b) The fee required under Wis. Stat. § 440.08(2), plus the late fee required under Wis. Stat. § 440.08(3).
5. _____ A pharmacist who files an application for renewal of a license five (5) years or more after the renewal date must file with the Board the requirements under Wis. Admin. Code Phar 5.05(1) and verification of successful completion of examinations and/or educational requirements, required by the Board.

CHAPTER PHAR 6 WISCONSIN ADMINISTRATIVE CODE

PHAR 6.03 Changes in managing pharmacist.

6. _____ Any change in **managing pharmacist** has been reported to the Pharmacy Examining Board. (This section requires notification within 5 days of the date of change.) (The Pharmacy Examining Board strongly suggests completion of this Pharmacy Self-Inspection by any new managing pharmacist.)

PHAR 6.04 Floor design.

7. _____ Professional service area has a minimum of 250 sq. ft. (20% limit on space used for storage of bulk pharmaceuticals)
8. _____ (If not, has variance been approved by the Pharmacy Examining Board)
9. _____ Prescription counter is at least 12 sq. ft. of **free working area** for compounding and dispensing and at least 18 inches wide. (Space for records, computer, and supplies not included)
10. _____ Professional service area secure **when pharmacist is absent**. If R.Ph. always present, enter "**N/A**" in item 10, skip items 11 to 17.
11. _____ The pharmacy can convert to a non-prescription or sundry outlet without a pharmacist present if:
12. _____ 1. Present barrier has been approved by the Pharmacy Examining Board
13. _____ 2. Barrier is **locked** in the absence of the pharmacist.
14. _____ 3. Telephone restrictions are observed
15. _____ 4. Signs are posted at the entrance to the building and the professional service area displaying the hours the pharmacist will be on duty.

Compliance Date:

16. _____ 5. The manner in which the telephone is answered does **not imply** that the location is, at that time, operating as a pharmacy. Note: Pharmacy services are **not** provided: including no prescription being picked up. [Wis. Admin. Code Phar 7.01(e)].
17. _____ 6. Pharmacy Examining Board has been notified of the hours the establishment will be operated as a sundry outlet.
18. _____ 7. The managing pharmacist is responsible for compliance with all professional service area security requirements.
19. _____ Modifications to the floor plan have been filed with the Board if remodeling has occurred.
20. _____ Where no pharmacist is present in the professional service area a pharmacy is not required to convert to a non-prescription or sundry outlet if the following requirements are met:
21. _____ 1. The pharmacist is absent for a time period of one half hour or less.
22. _____ 2. The pharmacist must be accessible for communication with the remaining pharmacy staff by phone, pager, or other device.
23. _____ 3. The pharmacy must indicate that the pharmacist is not available in the professional service area and indicate the period of absence and the time of the pharmacist's return.
24. _____ 4. Pharmacy technicians may only perform duties allowed by Wis. Admin. Code Phar 7.015(2).

PHAR 6.05 [Wis. Stat. § 450.09(4)] Sanitation.

25. _____ Pharmacy is maintained in a clean and orderly manner.
26. _____ Suitable sink supplied with hot and cold running water, detergent and adequate waste disposal container are provided.

PHAR 6.06 Equipment.

27. _____ The professional service area of a pharmacy has equipment of appropriate design and size for the intended pharmacy practice consisting of at least the following equipment:
28. _____ An electronic balance that has a sensitivity of 1 milligram, or a mechanical torsion prescription balance that has a sensitivity reciprocal of 6 milligrams.
29. _____ One set of accurate weights appropriate for any mechanical torsion prescription balance being used for the purpose of compounding.
30. _____ A supply of transparent glass graduates in single metric scale capable of measuring 5 to 100 mls.
31. _____ An accurate device to measure less than 5 ml. (syringe acceptable).
32. _____ Supply of Wedgewood and glass mortars and pestles.
33. _____ Supply of stainless steel spatulas and one hard rubber spatula.
34. _____ Supply of acid, base and solvent resistant funnels.
35. _____ Heating device for compounding (hot plate, microwave oven, etc.).
36. _____ Ointment slab or ointment paper.
37. _____ Latest available or immediately accessible version of federal and state pharmacy laws consisting of:
    1. DEA Regulations, 21 CFR 1300 to End**:** **www.access.gpo.gov/nara/cfr/cfr-table-search.html**
    2. Wisconsin pharmacy laws (Wis. Stat. § 450): **www.legis.state.wi.us/rsb/statutes.html**
    3. Wisconsin Controlled Substances Act (Wis. Stat. § 961): **www.legis.state.wi.us/rsb/statutes.html**
    4. Wisconsin Administrative Code (Rules of the Pharmacy Examining Board): **www.legis.state.wi.us/rsb/code/phar/phar.html**

    Note: Statutes and rules may be made available via electronic means with immediate accessibility to satisfy this portion of the rule.
38. _____ References appropriate to the individual pharmacy practice. These references should include, but are not limited to, the following topics: drug interactions, patient counseling, compounding and pharmaceutical calculations, and generic substitution.
39. _____ Telephone number of a poison center (conspicuously posted in the professional service area).

    Note: Procedure for variance of minimum equipment is found in Wis. Admin. Code Phar 6.06(k)(2).

PHAR 6.07 Storage.

40. _____ Refrigerator adequate for biologicals and other drugs.
41. _____ Sufficient shelf, drawer, or cabinet space.
42. _____ Controlled substances are stored in a securely locked, substantially constructed cabinet or dispersed throughout the inventory in a manner that obstructs theft. (Alphabetical storage on open shelves of highly sought after controlled substances are not considered adequate.)

PHAR 6.08 Security.

43. _____ The Pharmacy has a centrally monitored alarm system in the pharmacy. A security system or plan that does not utilize a centrally monitored alarm system may be used if reviewed by and prior approval is obtained from the Board.
44. _____ **PHAR 1.02(14)** Hypodermic needles and syringes, poisons and Schedule V controlled substances are **only** in the professional service area.

Wisconsin Department of Safety and Professional Services

Compliance Date:

CHAPTER PHAR 7 WISCONSIN ADMINISTRATIVE CODE

PHAR 7.01 Minimum procedures for compounding and dispensing.

(1) **Only licensed pharmacists** (or interns under supervision),

45. _____ (a) Reviews all original and renewal prescription orders, whether electronic, written, or oral; and determines therapeutic compatibility and legality of the prescription order. The review shall include, when indicated or appropriate, consultation with the prescriber. (See Wis. Admin. Code PHAR 7.07(4) for responsibility to review profile.)

46. _____ Wis. Stat. § 450.13(1). Inform the patient of drug product equivalent options.

Note: Wis. Stat. § 450.13(5), amended in 1992 exempts hospitals with formularies for inpatients only.

47. _____ (b) Read and interpret a prescriber's directions for use for the purpose of accurately transferring instructions to the prescription label.

48. _____ (c) If an agent of the pharmacist procures, measures or counts prefabricated dosage forms or compounds, mixes and combines ingredients the pharmacist **verifies accuracy** of the agent's actions. (Agent of a pharmacist is allowed to compound, mix and combine ingredients with a **specific written protocol** and **pharmacist verification** as stated in Wis. Admin. Code Phar 7.015(j))

49. _____ (d) Make a final check on the accuracy and correctness of the prescription and identify the pharmacist responsible for the original or renewed prescription.

50. _____ (e) Give the patient or agent appropriate consultation relative to the prescription, except that prescriptions may be delivered by an agent of the pharmacist to a patient's residence if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist. The consultation requirement applies to original and renewal prescription orders and, except when prescriptions are delivered to a patient's residence, is not satisfied by only offering to provide consultation.

51. _____ (em) Transfer the prescription to the patient or agent of the patient.

52. _____ (f) Receive, when required by law and standard professional practice, permission to renew from authorized prescribers, and note on reverse side of the prescription order, medication profile record, or uniformly maintained and readily retrievable document, the following information.

1. Date renewed.
2. Name of practitioner authorizing renewal **if different from original prescriber**.
3. Quantity of drug dispensed.
4. Pharmacist renewing the prescription.

53. _____ (2) Subsection (1)(d) and (e) does not prohibit institutional pharmacists or community pharmacists serving institutions from receiving prescription orders, dispensing and returning prescription medications consistent with accepted inpatient institutional drug delivery systems. Sub (1) applies to any institutional pharmacy dispensing to outpatients, including prescriptions for discharge patients.

54. _____ (3) Each pharmacist's supervision of compounding and dispensing activities **as defined in (1) (c)** is limited to one pharmacist intern and four pharmacy technicians at any time.

Note: Any higher ratio must be approved by the Pharmacy Examining Board.

PHAR 7.015 Pharmacy technician; defining roles/duties.

55. _____ (1) The pharmacy technician is a non-pharmacist or non-pharmacist intern who, under the general supervision of a pharmacist, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescription orders and inventory management.

Note: **Pharmacy technician does not include ancillary persons, which includes**: clerks, secretaries, cashiers, or delivery persons who may be present in the pharmacy, unless they are performing technical functions as delineated in Wis. Admin. Code Phar 7.015(2), in which case they are a technician when performing these functions.

56. _____ (2) The pharmacist delegates technical dispensing functions to a pharmacy technician, but only under the general supervision of the pharmacist where the delegated functions are performed. Technical dispensing functions include:

57. _____ (a) Accepting written or electronic prescription orders from the prescribing practitioner or from the prescribing practitioner's agent.

58. _____ (b) Accepting original oral prescription orders from the prescribing practitioner or their agent, if the conversation is recorded and listened to and verified by the pharmacist prior to dispensing.

59. _____ (c) Requesting authorization for a refill from the prescribing practitioner.

60. _____ (d) Accepting oral authorization for a refill from the prescribing practitioner or their agent, provided there are no changes to the original prescription order.

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(e) Accepting a request from a patient to refill a prescription.
(f) Obtaining and entering patient or prescription data into the patient information system.
(g) Preparing a prescription label.
(h) Retrieving medication from stock, counting or measuring medication and placing the medication in its final container.
(i) Reconstituting prefabricated dosage forms.
(j) Compounding pharmaceuticals pursuant to written policies and procedures on file in the pharmacy at the time of compounding.
(k) Affixing a prescription label to its final container.
(l) Placing ancillary information on the prescription label.
(m) Prepackaging and labeling drugs for dispensing by a pharmacist.
(n) Preparing unit dose carts for final review by a pharmacist.
(o) Retrieving and transporting stock medication to and from pharmacist approved areas.
(p) Other technical functions that do not require the professional judgment of a pharmacist.

(3) The pharmacy technician may not do any of the following:
(a) Provide the final verification for the accuracy, validity, completeness or appropriateness of a filled prescription or medication order.
(b) Perform any of the following tasks: participation in final DURs; make independent therapeutic alternate drug selections, participation in final drug regimen screening; perform any act necessary to be a managing pharmacist, or administer any prescribed drug products, devices or vaccines.
(c) Provide patient counseling, consultation exercise or patient specific judgment.
(d) Transfer the prescription to the patient or agent of the patient.

(4) The pharmacist provides the final verification for the accuracy, validity, completeness, and appropriateness of the patient's prescription prior to the delivery of the prescription to the patient or the patient's representative.

PHAR 7.02 Prescription label; name of drug product dispensed.

The prescription label discloses brand name and strength or generic name, strength and **manufacturer or distributor** of the drug or drug product dispensed. Unless prescriber requests omission.

PHAR 7.03 Prescription renewal limitations.

Prescription orders for any drug other than a controlled substance bearing renewal authorization "**prn**" are limited to a period of one year from the date of **original order**.

All renewal authorizations are void when the patient-physician relationship has ceased (includes death or retirement of prescriber).

PHAR 7.04 Return or exchange of health items.

(1) In this section:
(a) "Health items" means drugs, devices, hypodermic syringes, needles, or other objects for injecting a drug, medicine, or items of personal hygiene.
(b) "Inpatient health care facility" means any hospital, nursing home, county homes, county mental hospital, tuberculosis sanitarium, or similar facility, but does not include community-based residential facilities, jails or prison facilities.
(c) "Original container" means the container in which a health item was sold, distributed, or dispensed.
(d) "Resident health care patient" means a patient residing in a community-based residential facility that controls a resident's prescribed and over-the-counter medications as specified by Wis. Stat. § HFS 83.33(3) (b) 2.
(e) "Secured institutional health care patient" means any of the following:
1. A jail inmate patient whose dispensed health items are maintained under the custody and control of the jail pursuant to an approved policy and procedure manual under Wis. Stat. § DOC 350.17, containing policies and procedures for the control and administration of medications complying with Wis. Stat. § DOC 350.20.
2. A juvenile patient who resides in a secured correctional facility, as defined in Wis. Stat. § 938.02(15m; a secured child caring institution, as defined in Wis. Stat. § 938.02(15g); a secured group home, as defined in Wis. Stat. § 938.02(15p); a secured detention facility, as defined in Wis. Stat. § 938.02(16); or a juvenile portion of a county jail whose dispensed health items are maintained under the custody and control of the health services staff as defined in Wis. Stat. § DOC 316.02(6) and provided to a juvenile patient under the provisions of Wis. Stat. § DOC 316.03.

Compliance Date:

(f) "Tamper-resistant package" means a container bearing a beyond use date that is sealed so that the contents cannot be used without obvious destruction of the seal.

(2.) No health items after taken from a pharmacy where sold, distributed or dispensed, may be returned, except for any of the following:

(a) From an inpatient health care facility, provided they are in their original containers and the pharmacist determines the contents are not adulterated or misbranded.

(b) Where the health items were dispensed in error, were defective, adulterated, misbranded or dispensed beyond their beyond use date.

(c) When in the professional judgment of the pharmacist substantial harm could result to the public or a patient if they were to remain in the possession of the patient, patient's family or agent, or other person.

(d) For a secured institutional health care patient or resident health care patient where all of the following apply:

1. The health item was never in the possession and control of the patient.
2. The health item was sold, distributed or dispensed in a tamper-resistant package and, for a drug, includes the beyond use date and manufacturer's lot number.
3. The health item is not commingled with a different health item unless the health item will be repackaged and re-dispensed to the same patient.
4. The health item is in its original container and the pharmacist determines the contents are not adulterated or misbranded.

(e) A health item that is prepackaged for consumer use and labeled in compliance with all applicable state and federal laws where all of the following apply:

1. The pharmacist determines that the original package is unopened, sealed, and intact and that package labeling is unaltered.
2. The pharmacist determines the contents are not adulterated.

(3) Health items returned to a pharmacy pursuant to sub. (2) (b) and (c), may not be sold, resold, or repackaged and sold or resold, given away or otherwise distributed or dispensed. Returned health items shall either be destroyed at the pharmacy or delivered for destruction or other disposal by an authorized person or entity.

(3m) Health items returned from a secured institutional health care patient to a pharmacy pursuant to sub. (2)(d), must be segregated in the pharmacy and may not be sold, resold, or repackaged and sold or resold, given away , or otherwise sold, distributed or re-dispensed other than to a secured institutional health care patient.

(4) It is not a "return" for a patient or agent of a patient to deliver a previously dispensed drug or device to a pharmacy for the purpose of repackaging and relabeling of that previously dispensed drug or device, and subsequent return of the drug or device for the same patient's use.

Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.

(5) It is not a "return" for a patient or agent of a patient to deliver a previously dispensed drug or device to a pharmacy for the purpose of destruction at the pharmacy or other disposal by an authorized person or entity.

Note: Cancer and chronic disease drug returns and re-dispensing pursuant to Ch. HFS 148 are allowed provided the pharmacy follows the requirements in Ch. HFS 148.

PHAR 7.05 Prescription records.

(1) A computerized system may be used for maintaining a record, as required under this section, of prescription dispensing and transfers of prescription order information for the purposes of original or refill dispensing if the system:

(a) Is capable of producing a printout of any prescription data, which the user pharmacy is responsible for maintaining. The system shall be designed so that the pharmacy can receive the printout within 48 hours after requesting the printout.

(b) Is equipped with an auxiliary procedure, which, during periods of down-time, shall be used for documentation of prescription dispensing. The auxiliary procedure shall ensure that prescription refills are authorized by the original prescription order, that the maximum number of prescription refills has not been exceeded and that all of the appropriate data are retained for on-line entry as soon as the computer system is again available for use.

(1m) A record of all prescriptions dispensed shall be maintained for a period of five (5) years after the date of the last refill.

Compliance Date:

(2) All systems used for maintaining a record of any prescription dispensing shall include:
(a) Patient's identification.
(b) Name, strength, and dosage form of the drug product dispensed.
(c) Quantity dispensed.
(d) Date of all instances of dispensing.
(e) Practitioner's identification
(f) Pharmacist's identification
(g) Retrieval designation.

PHAR 7.055 Transfer of prescription order information.

(1) General Requirements. A pharmacist may transfer prescription order information between pharmacies licensed in this state or another state, for the purpose of original or refill dispensing, if all of the following conditions are satisfied:
(a) The transfer is communicated directly between two (2) pharmacists either by verbal transfer or by a computer system transfer meeting the requirements of sub. (4). Communication by facsimile machine is not allowed unless the prescription order information being transferred is verified verbally between two (2) pharmacists.
(b) A computer system used to record a verbal transfer of prescription order information for a non-controlled substance meets the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b).
(c) The pharmacist receiving the verbal transfer of prescription order information for either a controlled or a non-controlled substance records the transferred information in writing unless a computer system transfer meeting the requirements of sub. (4) is used.
(d) All original and transferred prescription orders are maintained for a period of five (5) years from the date of the last refill.
(e) A written copy of any prescription order for a prescribed drug provided by a pharmacist is identified in writing as "**COPY-FOR INFORMATION ONLY**." No prescribed rug may be dispensed based on an information copy.
(f) A pharmacist making or receiving a transfer of prescription order information is licensed in the state in which he or she performs an act required by this section.
(2) Non-controlled substances. The transfer of prescription order information for non-controlled substances for the purposes of original or refill dispensing is permissible pursuant to the following requirements:
(a) The pharmacist making the transfer records the following information:
1. The word "**VOID**" is written on the face of the invalidated prescription order or recorded in a similar manner to "**VOID**" on a prescription order in a computer system meeting the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b).
2. The name and address of the pharmacy to which it was transferred, the name of the pharmacist receiving the prescription order, the date, and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order or in a computer system meeting the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b).
3. A transfer of prescription order information for a non-controlled substance for the purposes of refill dispensing is limited to the number of authorized refills.
(b) The pharmacist receiving the transferred prescription order information shall record in writing the following:
1. The word "**TRANSFER**" on the face of the transferred prescription order.
2. The name and address of the patient, the name and address of the prescribing practitioner, and the name and quantity and dosage form of the drug product or device prescribed and the directions for use.
3. The date of issuance of the original prescription order.
4. The original number of refills authorized on the original prescription order.
5. The date of original dispensing if the prescription order has previously been dispensed.
6. The number of valid refills remaining and the date of the last refill.
7. The pharmacy's name, address, and the prescription order number from which the prescription order information was transferred.
8. The name of the pharmacist making the transfer.
9. The name, address, and telephone number of the pharmacy from which the original prescription order was transferred if different from sub (d). 7.

Compliance Date:

141. _____ (3) Controlled Substances. The transfer of prescription order information for controlled substances for the purposes of refill dispensing is permissible pursuant to the following requirements:

142. _____ (a) The transfer of prescription order information is permissible only on a one-time basis unless a computer system meeting the requirements of sub. (4) is used.

143. _____ (b) If a computer system meeting the requirements of sub. (4) is used, a transfer of prescription order information for the purposes of refill dispensing is limited to the number of authorized refills.

144. _____ (c) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist making the transfer shall record in writing the following information:

145. _____ 1. The word "**VOID**" is written on the face of the invalidated prescription order.

146. _____ 2. The name, address, and DEA registration number of the pharmacy to which it was transferred, the name of the pharmacist receiving the prescription order and the date and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order.

147. _____ (d) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist receiving the transferred prescription order information shall record in writing the following information:

148. _____ 1. The word "**TRANSFER**" on the face of the transferred prescription order.

149. _____ 2. The name and address of the patient, the name, address and DEA number of the prescribing practitioner, and the name, quantity, and dosage form of the drug product or device prescribed and the directions for use.

150. _____ 3. The date of issuance of the original prescription order.

151. _____ 4. The original number of refills authorized on the original prescription order.

152. _____ 5. The date of original dispensing.

153. _____ 6. The number of valid refills remaining and the dates and locations of previous refills, if applicable.

154. _____ 7. The name, address, telephone number, DEA registration number, and prescription order number of the pharmacy from which the prescription order information was transferred if different from the pharmacy from which the prescription order was originally dispensed.

155. _____ 8. The name of the pharmacist making the transfer.

156. _____ 9. The name, address, telephone number, DEA registration number, and prescription order number of the pharmacy from which the prescription order was originally dispensed.

157. _____ (4) Use of Computer System. A computer system used for transferring prescription order information shall, in addition to meeting the requirements of Wis. Admin. Code Phar 7.05(1)(a) and (b), contain a common central processing unit electronically sharing a real-time, on-line database to which both the transferring and receiving pharmacy have access.

PHAR 7.065 Answering machines in pharmacies.

158. _____ Oral prescription orders may be received at a pharmacy via telephone answering machine and dispensed by the pharmacist if the voice of the physician or agent is known to the pharmacist and providing other requirements for documenting and filling are met.

PHAR 7.07 Medication profile record system.

Medication profile record **system** for **each** patient includes:

159. _____ (1) An individual medication profile record system is maintained for all persons for whom prescriptions, original, or renewals are dispensed for outpatient use. The system allows retrieval of the information.

160. _____ (2) The following minimum information is retrievable: patient name, or other identifying information, address of the patient, birth date of the patient if obtainable, name, strength, dosage form, and quantity of the drug product dispensed, directions for use, retrieval designation assigned to the prescription order, practitioner identification, and the date of each dispensing for original and renewal prescriptions.

161. _____ (3) Allergies, adverse drug reactions, drug idiosyncrasies and chronic condition.

162. _____ (4) The pharmacist reviews the profile before dispensing. (See Wis. Admin. Code PHAR 7.01(a))

163. _____ (5) Medication profile records, if used as the only documentation of renewal dispensing, are maintained for not less than five (5) years following the last entry. If the profile records are not used as the only documentation of renewal dispensing, they are maintained not less than one year past the last entry.

PHAR 7.08 Prescription orders transmitted electronically.

Electronic transmission of prescription orders is available in the pharmacy. If not applicable, enter "**N/A**" in item 164 and skip to Phar 7.09, item 175

164. _____ (1) (a) Prescription orders may be accepted and dispensed if they have been transmitted electronically from a practitioner or his or her designated agent to a pharmacy via computer modem or other similar electronic device.

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165. _____ (b) Prescription orders for schedule II controlled substances may not be transmitted electronically except as emergency orders (Wis. Admin. Code Phar 8.09).

(2) In order to dispense a prescription transmitted electronically, the following must be assured by the pharmacist:

166. _____ (a) The transmission is only to the pharmacy of the patient's choice, with no intervening person or third party having access to the prescription order other than to forward it to the pharmacy.

167. _____ (b) The transmission contains the sender's name and telephone number, the time and date of transmission, and the pharmacy intended to receive the transmission.

168. _____ (c) The transmission is designated "electronically transmitted prescription," or words or abbreviations to that effect.

169. _____ (d) Contains all other information that is required in a prescription order.

170. _____ (3) A secure method of validation such as the prescribing physician's electronic signature, accompanies the electronically transmitted prescription.

171. _____ (4) Any visual or electronic document received electronically are accessible only within the professional service area of the pharmacy (to protect patient confidentiality and assure security).

172. _____ (5) The pharmacist must ensure the security, integrity, and confidentiality of the prescription order. The electronic system has adequate security and system safeguards to prevent and detect unauthorized access, modification, or manipulation of patient records. Any alterations in the drug order are documented including the identification of the pharmacist responsible for the alteration.

173. _____ (6) Password(s), known only by those authorized to use the system, is required to gain access to mail containing prescription orders.

174. _____ (7) The pharmacist does not use any electronic device to circumvent his or her responsibilities with regard to documenting, authenticating and verifying prescription orders or in order to circumvent pharmacy laws.

PHAR 7.09 Automated dispensing systems.

If pharmacy does not use an automated dispensing system (ADS), place "**N/A**" in item 175 and skip to Phar 7.10, item 194.

175. _____ (1) (a) The "ADS" performs operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing or distribution of medications, and which collects, controls, and maintains all transaction information.

176. _____ (2) The "ADS" may be used in a community pharmacy, as provided in this section.

177. _____ (3) The "ADS" may be used as provided in this section by an institutional pharmacy serving an inpatient health care facility, that has an established program of receiving prescription orders, and dispensing and returning prescription medications consistent with accepted inpatient institutional drug distribution systems. The "ADS" used by the institutional pharmacy shall only be located in that institutional pharmacy or within the inpatient health care facility.

(4) The managing pharmacist of a community or an institutional pharmacy is responsible for the following:

178. _____ (a) The "ADS" is in good working order and accurately dispenses the correct strength, dosage form, and quantity of the drug prescribed and complies with record keeping and security safeguards pursuant to sub (5).

179. _____ (b) Implementing an ongoing quality assurance program that monitors performance of the "ADS", which is evidenced by written policies and procedures.

180. _____ (c) Providing the Board with prior written notice of the installation or removal of an "ADS" including: name and address of the pharmacy, initial location of the "ADS", and identification of the managing pharmacist.

181. _____ (d) Assigning, discontinuing or changing personnel access to the system.

182. _____ (e) Assuring access to the medications complies with state and federal laws.

183. _____ (f) Assuring the "ADS" is stocked accurately and in accordance with established written policies and procedures.

(5) The "ADS" complies with the following provisions:

184. _____ (a) The pharmacy maintains on-site documentation including: name and address of the pharmacy or inpatient health care facility where the system is being used, the system manufacturer's name, model and serial number, description of how the system is used, written quality assurance procedures to determine continued appropriate use of the system, and except as required pursuant to par (b), written policies and procedures for system operation, safety, security, accuracy, access and malfunction.

185. _____ (b) All written policies and procedures are maintained in the pharmacy responsible for the "ADS".

186. _____ (c) The "ADS" has adequate security systems and procedures, evidenced by written policies and procedures to prevent unauthorized access to maintain patient confidentiality and to comply with federal and state laws.

Compliance Date:

187. _____ (d) Records and data kept by the "AD"S meet the following requirements: all events involving the contents of the ADS are recorded electronically, records are maintained by the pharmacy and are available to the Board (including: the time and location of the system accessed, identification of the individual accessing the system, type of transaction, name, strength, dosage form and quantity of the drug accessed; name of the patient for whom the drug was ordered, such additional information as the managing pharmacist may deem necessary.)

188. _____ (e) The stocking of all medications in the "ADS" is accomplished by qualified personnel under no less than the general supervision of a licensed pharmacist; except that when an "ADS" is, located within a pharmacy the supervision is direct.

189. _____ (f) A record of medications stocked into the "ADS" is maintained for five (5) years and includes identification of the person stocking and pharmacist checking for accuracy.

190. _____ (g) All containers of medications stored in the "ADS" are packaged and labeled in accordance with state and federal law.

191. _____ (h) All aspects of handling controlled substances meet the requirements of all state and federal laws.

192. _____ (i) The "ADS" provides a mechanism for securing and accounting for medications removed from and subsequently returned to the "ADS", in accordance with state and federal law.

193. _____ (j) The "ADS" provides a mechanism for securing and accounting for medication returned to the system and accounting for wasted medications in accordance with state and federal law.

PHAR 7.10 Administration of drug products and devices other than vaccines.

A pharmacist may administer a drug product or device in the course of teaching a patient self-administration technique. Pharmacists administering a prescribed drug product or device by injection must satisfy each of the following:

194. _____ Completed a 12-hour course of study and training, approved by the American Council on Pharmaceutical Education (ACPE) or the Board in injection techniques, emergency procedures, and record keeping.

195. _____ Maintain at least $1,000,000 in liability insurance for each occurrence, and $2,000,000 for all occurrences in any one-policy year, for errors, omissions or neglect in the administration by injection. The pharmacist must maintain proof of this requirement and provide upon request of the Board or Department.

196. _____ Maintain written procedures regarding the administration by injection of a prescribed drug product or device in the course of teaching self-administration techniques to a patient.

PHAR 7.12 Central fill pharmacy.

197. _____ (1) In this section:

(a) "Central fill pharmacy" means a pharmacy licensed in this state acting as an agent of an originating pharmacy to fill or refill a prescription.

(b) "Originating pharmacy" means a pharmacy licensed in this state that uses a central fill pharmacy to fill or refill a prescription order.

198. _____ (2) A central fill pharmacy and originating pharmacy may process a request for the filling or refilling of a prescription order received by an originating pharmacy only pursuant to the following requirements:

199. _____ (a) The central fill pharmacy either has the same owner as the originating pharmacy or has a written contract with the originating pharmacy outlining the services to be provided and the responsibilities of each pharmacy in fulfilling the terms of the contract in compliance with federal and state law.

200. _____ (b) The central fill pharmacy shall maintain a record of all originating pharmacies, including name, address and DEA number, for which it processes a request for the filling or refilling of a prescription order received by the originating pharmacy. The record shall be made available upon request for inspection by the Board or its agent.

201. _____ (c) The central fill pharmacy and originating pharmacy maintain a written filling protocol delineating each pharmacy's assumption of responsibility for compliance with the prescription drug compounding and dispensing requirements of this chapter and Wis. Admin. Code Phar 8.

202. _____ (d) The originating pharmacy shall remain responsible for compliance with the prescription drug compounding and dispensing requirem3ents of this chapter and Wis. Admin. Code Phar 8, and which are not assumed in writing by the central fill pharmacy pursuant to a written filling protocol.

203. _____ (e) The originating pharmacy shall at all times remain solely responsible to perform and comply with the requirements of Wis. Admin. Code Phar 7.01(1)(e) and (em).

204. _____ (f) Unless the central fill pharmacy shares a common central processing unit with the originating pharmacy, it may not perform processing functions such as the medication profile record review of the patient, drug initialization review, refill authorizations, interventions and drug interactions.

Compliance Date:

205. _____ (g) The prescription label attached to the container shall contain the name and address of the originating pharmacy as the licensed facility from which the prescribed rug or device was dispensed for purposes of s. 450.11(4)(a)1., Stats. The date on which the prescription was dispensed for purposes of s. 450.11(4)(a)2., Stats., shall be the date on which the central fill pharmacy filled the prescription order.

206. _____ (h) The originating pharmacy shall maintain the original of all prescription orders received for purposes of filing and recordkeeping as required by state and federal law.

207. _____ (i) The central fill pharmacy shall maintain all original fill and refill requests received from the originating pharmacy and shall treat them as original and refill prescription orders for purposes of filing and recordkeeping as required by state and federal law.

208. _____ (j) In addition to meeting the other recordkeeping requirements required by state and federal law, the central fill pharmacy and originating pharmacy shall each maintain records to identify each of its pharmacists responsible for receiving and reviewing prescription orders and compounding dispensing pursuant to a prescription order and track the prescription order during each step in the dispensing process.

209. _____ (k) The central fill pharmacy and originating pharmacy shall adopt a written quality assurance program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, resolve identified problems and insure compliance with this section.

210. _____ (l) The originating pharmacy shall provide the patient with the name and address of the central fill pharmacy and obtain consent as required by applicable state and federal law.

UNIFORM CONTROLLED SUBSTANCES ACT

Wis. Stat. § 961.23, Dispensing of schedule V substances. (Non-legend)

211. _____ (1) Products are **sold in good faith as a medicine**.
Even without 48-hour violations, pharmacists must be prepared to substantiate the clinical need for frequent sales to the same individual. (Wis. Stat. § 961.38(4))

212. _____ (2) Sold only by the pharmacist.

213. _____ (3) The name and address of the pharmacy is attached to the **immediate** container.

214. _____ (4) **The pharmacist** records the name and address of the purchaser, as well as the name and quantity of product sold.

215. _____ If purchaser is unknown to the pharmacist, identification is validated.

216. _____ The pharmacist and the purchaser sign the record.

_____ (5) Sales are restricted:

217. _____ (a) 8 ounces of a produce containing opium.

218. _____ (b) 4 ounces of any other Schedule V substance.

219. _____ (c) 48-hour interval is observed.

CHAPTER PHAR 8 WISCONSIN ADMINISTRATIVE CODE

PHAR 8.02 Records for controlled substances.

220. _____ (1) Records are **complete and accurate** for each controlled substance received, distributed, dispensed or disposed of in any other manner.

(2) Records required by federal controlled substances act and Wis. Stat. § 961, are:

221. _____ (a) Maintained at the pharmacy location where **received and dispensed or manufactured**.

222. _____ (b) Available **for inspection** for at least five (5) years.

223. _____ (c) Includes a biennial inventory of all Schedule II, III, IV, and V substances (readily retrievable). Wisconsin DEA district office, 1000 N. Water St., Suite 1010, Milwaukee, WI 53202, (414-297-3395) provides instructions and forms for destruction of controlled substances.

(3) Records are maintained as follows:

224. _____ (a) Records of Schedule II controlled substances (other than prescription orders) are maintained separately.

225. _____ (b) Records of Schedule III, IV, and V controlled substances are separate or are readily retrievable.

226. _____ (c) Executed Schedule II order forms (**DEA Form #222**) **completed and kept in** the pharmacy.

227. _____ (d) Records of controlled substances distributed or dispensed include:

228. _____ 1. Name of the substance.

229. _____ 2. Dosage form, strength, and quantity.

230. _____ 3. Quantity and date of distribution, as well as name, address and DEA registration number to whom distributed.

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4. Number of units, date of receipt, and name, address and DEA registration number from whom received.
5. Name and address to whom **dispensed**, date, quantity dispensed, and name or initials of pharmacist dispensing.

(e) Records for dispensed Schedule V substances:

1. If dispensed as a prescription, it is filed the same as Schedule III and IV orders.
2. If dispensed other than pursuant to prescription order, the required entry (see Wis. Stat. § 961.23) is placed in a **bound Schedule V register** at the time of transaction.

(f) In any instance that a pharmacy authorized to possess controlled substances is required to file with the DEA a report of theft or loss of controlled substances, the pharmacy shall also send a copy to the Board within 2 weeks of filing with the DEA.

PHAR 8.03 Filing prescription orders.

Controlled Rx orders are filed chronologically, are readily accessible; and maintained for at least five (5) years.

Schedule II prescription orders are filed separately **or** are filed with Schedule III, IV, and V orders (which have a one-inch red "C" in the lower right corner).

Schedule III, IV and V prescription orders are filed separately **or** have a one-inch red "C" if filed with non-controlled Rx orders. (Schedule II Rx orders are **not** filed with non-controlled Rx orders.) The requirement to mark with a red "C" may be waived if the pharmacy has an automated processing system or electronic record keeping that permits identification by prescription order number and retrieval of original documents by prescriber's name, patient name, drug dispensed and date filled.

PHAR 8.04 Purpose of issue of prescription.

Pharmacists are aware of their responsibility to dispense for legitimate medical purposes.

Controlled substances are **not** dispensed (**pursuant to a prescription order**) to a practitioner for the purpose of administration or general dispensing to patients.

Controlled substances (Schedule II, III, or IV) are **not** dispensed pursuant to a prescription order to a practitioner for their own personal use. [Wis. Stat. § 961.38(5)]

PHAR 8.05 Dispensing controlled substances.

(1) Written prescription orders for all controlled substances are **dated** and **signed** on the day issued and contain the following:

(a) Full name and address of patient.
(b) Name, address, and DEA number of practitioner.
(c) Name, strength, dosage form and quantity of drug prescribed.
(d) Directions for use.

Prescription orders (in ink or typewritten) are **signed by the practitioner**.
DEA registration of practitioner is validated by pharmacist.

(2) The **pharmacist** initials and dates prescription orders for **all** controlled substances.

Note: If the party receiving a Schedule II prescription is not personally known to the pharmacist, the printed name, signature and address of that person is recorded on the reverse side of the prescription order.

(3) Prescriptions containing Schedule II substances are dispensed pursuant to **written prescription orders signed by the practitioner**.

Controlled substance prescriptions must be dispensed within 60 days following the date of issue of the prescription order.
Note: **Date of receipt on face of Rx order**.

(4) Prescription orders for controlled substances are not dispensed unless the prescription order contains all of the information required in sub. (1). For any controlled substances prescription order, a pharmacist may not add, modify or clarify the patient's name, drug prescribed, except for generic substitution as permitted by law and the prescribing practitioner's signature. After consultation with the prescribing practitioner, a pharmacist may add, modify, or clarify the strength, dosage form, quantity prescribed, date of issuance and directions for use for a schedule II controlled substance prescription order. For a schedule II controlled substance prescription order, a pharmacist may add, modify, or clarify the registration number of the practitioner, and the address of the practitioner and the patient if that information is verifiable and retrievable from information maintained by the pharmacist or is obtained through consultation with the practitioner. A pharmacist may add, modify, or clarify any information allowed in this subsection missing from a prescription order for a Schedule III, IV, or V controlled substance that is verifiable and retrievable from information maintained by the pharmacist or that is obtained through consultation with a practitioner. A patient may only provide information to a pharmacist to add, modify or clarify the patient'' address. The prescription order shall be initialed and dated by the pharmacist and shall indicate the addition, modification or clarification of information and the manner by which the pharmacist obtained that information.

Compliance Date:

PHAR 8.06 Renewing prescriptions for controlled substances.

247. _____ (1) Prescriptions for Schedule II controlled substances are **not** renewed.

248. _____ (2) The prescribing practitioner may authorize renewals of Schedule III or IV controlled substances on the original prescription order or through an electronic or oral renewal authorization.

249. _____ (a) The pharmacist obtaining an electronic or oral authorization notes the following on the prescription order, medication profile, or document:

250. _____ 1. Date authorization is received.

251. _____ 2. Quantity of drug authorized.

252. _____ 3. Number of renewals.

253. _____ 4. Identification of practitioner authorizing the renewals if different from the original prescriber.

254. _____ 5. Identification of the pharmacist who received the authorization.

255. _____ (b) The quantity of each renewal authorized is equal to or less than the quantity authorized for the initial dispensing of the original prescription.

256. _____ (3) Renewal of prescriptions for Schedule III and IV substances is limited to:

257. _____ (a) Within 6 months of date of **original order**.

258. _____ (b) No more than five (5) **authorized** renewals.

259. _____ (4) Prescriptions for Schedule V substances are renewed **only** as expressly authorized by the practitioner.
Note: **The 6-month/5 renewal limitations do not apply to prescription orders for Schedule V substances**.

PHAR 8.07 Partial dispensing of controlled substances.

260. _____ (1) Substances in Schedules III, IV, and V may be partially dispensed.

261. _____ (2) Partial dispensing of Schedule II substances is permissible: If pharmacist unable to supply full quantity ordered. Remaining portion may be dispensed within 72 hours of the first partial dispensing (or prescriber notified).
No further quantity dispensed after 72 hours. A new prescription order will be required.

262. _____ (3) Partial dispensing of Schedule II substances is permissible if patient is in long term care facility (LTCF), or has a medical diagnosis documenting a "terminal illness". Valid for 60-day period.
Pharmacist enters each partial dispensing. Enter "LTCF" or "terminal illness" on prescription.

263. _____ (4) Information pertaining to current prescription orders for Schedule II controlled substances for patients in an "LTCF" or for patients with a medical diagnosis documenting a terminal illness may be maintained in a computerized system if the system has the capability to permit:

264. _____ (a) Display or printout of: the original prescription order designation, date of issue, identification of prescribing practitioner, identification of patient, name and address of the "LTCF" or name of address of the hospital or residence of the patient, identification of medication authorized, including dosage form, strength and quantity; listing of partial quantities that have been dispensed under each prescription order and the information required in sub. (3).

265. _____ (b) Immediate updating of the prescription order record each time there is partial dispensing of the prescription.

266. _____ (c) Retrieval of partially dispensed Schedule II prescription information identical to that required by Wis. Admin. Code Phar 7.05(2) for all prescription renewal information.

PHAR 8.08 Labeling prescriptions containing controlled substances.

267. _____ The prescription label for controlled substances includes: Date dispensed, pharmacy name and address, Rx number; full name of patient; name of the practitioner; directions for use; and appropriate cautionary statements.

PHAR 8.09 Emergency dispensing of Schedule II substances.

(1) The pharmacists understand the criteria for "emergency" to mean that the practitioner has determined that:

268. _____ (a) Immediate administration of the CS II substance is necessary.

269. _____ (b) No appropriate alternative, including non-Schedule II substance.

270. _____ (c) Not possible to provide written order prior to dispensing.

Note: **It is important for pharmacists to be aware that the "emergency" procedure should not be used for routine dispensing of Schedule II substances**.

(2) In an emergency when the pharmacist dispenses a Schedule II substance with an electronic or oral authorization:

271. _____ (a) The quantity prescribed and dispensed is limited to the amount adequate for the emergency situation.

272. _____ (b) The Rx order is immediately reduced to writing by the pharmacist, including all information listed in Wis. Admin. Code Phar 8.05 except the signature of the practitioner.

Compliance Date:

273. _____ (3) If the practitioner is not known to the pharmacist, reasonable effort is made to authenticate the prescriber.
274. _____ (4) The pharmacist assures receipt of a written order within 7-days after the authorized emergency dispensing (or it is postmarked within 7-days). The written order will include:
275. _____ (a) "authorization for emergency dispensing" on the front.
276. _____ (b) date of the electronic or oral order.
277. _____ Upon receipt, the pharmacist attaches the written order to the oral emergency prescription order.
278. _____ **If the practitioner fails to deliver the written order**, the Department of Safety and Professional Services is notified. **(Failure to provide this notification voids the authority to dispense emergency orders.)**

PHAR 8.11 Controlled substances in emergency kits for long-term care facilities.

If you do not service a "LTCF," place "**N/A**" in item 279 and skip to Phar 8.12, item 284.

Long-term care facilities, which are not registered with the DEA, meet the following requirements regarding emergency kits containing controlled substances:

279. _____ (1) The source of supply must be a DEA registered hospital, pharmacy or practitioner.
280. _____ (2) The pharmaceutical services committee of the facility have security safeguards for each emergency kit stored in the "LTCF", which include the designation of the individuals who may have access to the kits and a specific limitation on the type and quantity of controlled substances permitted to be placed in each emergency kit.
281. _____ (3) A pharmacist is responsible for control and accountability for kits within the "LTCF", which includes the requirement that the "LTCF" and the providing DEA registered hospital, pharmacy or practitioner maintain complete and accurate records of the controlled substances placed in the emergency kits, the disposition of those controlled substances, plus the requirement to take at least monthly physical inventories.
282. _____ (4) The pharmaceutical services committee established the emergency medical conditions under which the controlled substances may be administered to patients in the "LTCF", which shall include the requirement that medication be administered by authorized personnel only as expressly authorized by an individual DEA registered practitioner and in compliance with all applicable federal and state laws.
283. _____ (5) The pharmacist is aware that noncompliance with these rules may result in revocation, denial or suspension of the privilege of having or placing emergency kits, containing controlled substances, in "LTCF".

PHAR 8.12 Facsimile Transmission.

284. _____ (1) A pharmacist may dispense a prescription, other than a Schedule II based on a fax prescription from a practitioner or their agent.
285. _____ (a) It shall contain all the information of a valid written prescription as well as the date and time of transmission and the telephone number and name of the transmitter.
286. _____ (b) If fading paper, it must be copied and attached to the copy received.
287. _____ (2) Schedule II prescriptions may be received if all the requirements of section (1) are met and any of the following:
288. _____ (a) The prescription is to be compounded for the direct parenteral, intravenous, intra muscular, subcutaneous or intra spinal infusion to a patient.
289. _____ (b) The patient resides in a long term care facility or meets the eligibility requirements for placement in a long term care facility but elects to reside at home, and is transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile.
290. _____ (c) The patient is enrolled in a hospice certified by Medicare under title XVIII or licensed by this state.
291. _____ (3) A prescription order transmitted by facsimile shall be considered the original written prescription order.

CHAPTER PHAR 10 WISCONSIN ADMINISTRATIVE CODE (STANDARDS OF PROFESSIONAL CONDUCT)

292. _____ All pharmacists at this pharmacy are aware of the specific practices enumerated in Wis. Admin. Code Phar 10.03.
293. _____ The pharmacist avoids dispensing or **causing to be dispensed** a drug, which is outdated or contaminated or known by the pharmacist to be unsafe for consumption.

Note: While it is not the objective of this self-inspection project to enumerate conduct considered unprofessional, as listed in Wis. Admin. Code Phar 10, there is a need to identify problems created when a pharmacy's inventory includes examples of long-outdated and/or unacceptable numbers of outdated pharmaceuticals and chemicals. Reasonable effort should be demonstrated to remove such items from regular inventory and expedite their return or destruction. In the opinion of the Pharmacy Examining Board, antique containers and display pieces containing crude drugs are not viewed as violations. But good faith requires the removal of chemicals (undated or outdated) from containers in the professional service area unless they are conspicuously set apart in display containers.

294. _____ Pharmacists are required to report to the Board any information that reasonably suggests there is a probability that a prescription drug or device dispensed by a pharmacist has caused or contributed to substantial bodily injury or death of a patient.

Wisconsin Department of Safety and Professional Services

CHAPTER PHAR 15 WISCONSIN ADMINISTRATIVE CODE (STERILE PHARMACEUTICALS)

These rules apply to pharmacies engaged in the preparation of sterile pharmaceuticals. If pharmacy does not compound sterile pharmaceuticals, please place "**NA**" in item 295 and skip to Phar 16, item 339.

Compliance Date:

PHAR 15.03 Policy and procedure manual

295. _____ Pharmacy prepares and maintains a policy and procedure manual for compounding, dispensing, delivery, administration, storage, and use of sterile pharmaceuticals.

296. _____ The manual includes a quality assurance program for the purpose of monitoring personnel qualifications, training and performance, product integrity, equipment, facilities, guidelines regarding patient education and provision of pharmaceutical services and up-to-date information on preparation of sterile pharmaceuticals.

297. _____ The policy and procedure manual is available to all personnel and updated annually or as needed to reflect current practice.

298. _____ The policy and procedure manual is available for inspection by the Board or its designee.

PHAR 15.04 Physical requirements

299. _____ (1) The pharmacy has a structurally isolated area designated for preparation and documentation associated with sterile pharmaceuticals. Entry and access is restricted to designated personnel to avoid traffic and airflow disturbances. The designated area is of sufficient size to accommodate a laminar airflow hood and proper storage of drugs and supplies.

(2) Environment maintains:

300. _____ (a) A class 100 environment during the normal activity in the workplace where critical objects are exposed and critical activities are performed.

301. _____ (b) Appropriate disposal containers as required by OSHA in 29 CFR Part 1910 for timely disposal of needles, syringes, infectious and cytotoxic wastes.

302. _____ (c) Appropriate environmental controls, including a class II biological safety cabinet if cytotoxic drug products are prepared.

303. _____ (d) Temperature-controlled delivery containers as necessary.

304. _____ (e) For hand washing, a sink with hot and cold running water in close proximity.

305. _____ (f) Administration devices, if necessary.

306. _____ (3) Sufficient reference materials related to sterile pharmaceuticals are available.

307. _____ (4) The designated area is closed and disinfected regularly with appropriate agents.

PHAR 15.05 Records and Reports

308. _____ (1) Maintains records and reports of:

309. _____ (a) Training and competency evaluations of personnel.

310. _____ (b) Documentation of refrigerator and freezer temperatures.

311. _____ (c) Certification of laminar flow hoods.

312. _____ (2) Minimal labeling requirements for sterile pharmaceuticals prepared for a single patient if the pharmaceuticals are to be completely administered within 28 hours:

313. _____ (a) The identity of all solutions and ingredients and their corresponding amounts, concentration or volumes on the final preparation container in such a manner as to allow the locating of problematic final products.

314. _____ (b) The identity of personnel involved in preparation.

315. _____ (c) The date and time of pharmacy preparation where applicable.

316. _____ (d) The final sterile pharmaceuticals expiration date and storage requirements, where applicable.

PHAR 15.06 Delivery of service

317. _____ The pharmacist assures the appropriate environmental control of all products shipped.

PHAR 15.07 Emergency kits

318. _____ When sterile pharmaceuticals are provided to home care patients, the dispensing pharmacy supplies the patient or the patient's agent with emergency drugs, when authorized by the physician under protocol, if an emergency situation has been anticipated by either the physician, nurse or pharmacist.

319. _____ The pharmacy provides written instructions on the storage and record keeping requirements for the emergency kit.

Compliance Date:

PHAR 15.08 Cytotoxic drugs

If pharmacy does not compound cytotoxic drugs, place "**NA**" in item 320 and skip to Phar 15.09, item 326.

320. _____ All cytotoxic drugs are compounded in a vertical flow, class II biological safety cabinet. If non-exposed surfaces become contaminated with cytotoxic drugs, no products other than cytotoxic drugs are compounded in this cabinet until the cabinet is decontaminated utilizing appropriate techniques

321. _____ Personnel are protected by a protective barrier or apparel which includes gloves, gowns and other applicable protective apparel as described in 29 CFR PART 1910 of OSHA regulations.

322. _____ Appropriate safety and containment techniques for compounding cytotoxics are used in conjunction with aseptic techniques required for preparation of sterile pharmaceuticals.

323. _____ Pharmacy disposal and patient and caregiver education regarding disposal of cytotoxic waste complies with all applicable local, state, and federal requirements.

324. _____ Written procedures for the handling of both major and minor spills of cytotoxic drugs are included in the pharmacy policy and procedure manual.

325. _____ Prepared doses of cytotoxic drugs are dispensed, labeled with proper precautions on the primary and shipping container and are shipped in a manner that minimizes the risk of accidental rupture of the primary container.

PHAR 15.09 Labeling

In addition to the labeling requirements of Wis. Stat. § 450.11(4).

326. _____ Control or lot number.

327. _____ Expiration date and time, when applicable

328. _____ Appropriate auxiliary labeling, including precautions.

329. _____ Storage requirements.

330. _____ Identification of the responsible pharmacist

PHAR 15.10 Patient training

331. _____ A Pharmacist is responsible for documenting the patient's training and competency in managing the type of therapy provided by the pharmacist to the patient if administered by the patient or a caregiver. Pharmacists are responsible for the provision or supervision of the patient training process in any area that relates to compounding, administration, labeling, storage, stability, or incompatibility. A pharmacist is responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

PHAR 15.11 Quality Assurance

332. _____ There is a documented, ongoing quality assurance control program that monitors personnel performance, equipment, and facilities. Appropriate samples of finished products shall be examined to assure that the pharmacy is capable of consistently preparing sterile pharmaceuticals meeting specifications.

333. _____ The area designated in Wis. Admin. Code Phar 15.04 (2)(a) for preparing sterile pharmaceuticals is certified by an independent contractor. Certification takes place before initial use or after relocation and at least annually.

334. _____ The pharmacy has written procedures requiring sampling for microbial contamination through a validation procedure, simulation of actual aseptic preparation, and by using bacterial growth medium to culture environmental samples.

335. _____ If compounding of parenteral solutions is performed using non-sterile chemicals, extensive end product sterility testing is documented. Quarantine procedures shall be developed if there is a test failure.

336. _____ A pharmacy has written justification of the assigned expiration date for pharmacy prepared sterile pharmaceuticals.

337. _____ A pharmacy has documentation of quality assurance audits, including infection control and sterile technique audits at least annually.

338. _____ A pharmacy has procedures to assure consistent preparation of sterile pharmaceuticals.

CHAPTER PHAR 16 WISCONSIN ADMINISTRATIVE CODE (CONTINUING EDUCATION)

PHAR 16.02 Continuing education required; waiver

339. _____ (1) At the time of making application for renewal of a license: Each pharmacist required to complete the continuing education requirement provided under Wis. Stat. § 450.085, shall:

340. _____ (a) Sign a statement on the application for renewal certifying that the pharmacist has completed at least 30 hours of acceptable continuing education programs within the 2-year period immediately proceeding the date of his or her application for renewal. (This subsection does not apply to an application for renewal of a license that expires on the first renewal date after the date on which the Board initially granted the license.)

Note: The PEB will grant 15 hours of continuing education credit for every one credit of academic training received in coursework, which leads to a degree granted by an American Council on Pharmaceutical Education (ACPE) approved school of pharmacy.

Compliance Date:

341. _____ (2) A pharmacist may apply to the Board for waiver of the requirements of this chapter on grounds of exceptional circumstances such as prolonged illness, disability or other similar circumstances that the pharmacist indicates have prevented him or her from meeting the requirements. The Board will consider each application for waiver individually on its merits.

PHAR 16.03 Acceptable continuing educational programs

342. _____ The educational programs used for CE are approved by the American Council on Pharmaceutical Education (ACPE) at the time of the pharmacist's attendance or other Board approved programs. To date the Board has only approved ACPE as a provider.

PHAR 16.04 Evidence of compliance

343. _____ The Board accepts as evidence of compliance with this chapter certification by a providing institution or organization that a pharmacist has attended and completed approved continuing education programs. Certification may be the original or verified copies of, documents certifying attendance and completion.

PHAR 16.05 Retention requirement

344. _____ The pharmacist shall retain evidence of compliance for 3 years following the renewal date for the biennium for which 30 hours of credit are required for renewal of a license.

PHAR 16.06 Audit

344. _____ The Board may require any pharmacist to submit his or her evidence of compliance with the continuing education requirements to audit compliance.

In the space provided below, for each item that received "NA" following your inspection, indicate why this rule does not apply to your pharmacy. (Attach additional pages if necessary.)

Certification of Applicant:

The undersigned attests that the facts and statements herin contained are true and correct based upon personal knowledge of the undersigned.

Signature **Date** __/__/____